

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SJS</i>	<i>02/20/00</i>	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>OK</i>	<i>10/13/99</i>	
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/17/00
2	✓	✓	12/17/00
3	✓	✓	12/17/00
4			
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12	✓	✓	✓
13	✓	✓	✓
14			
15	✓	✓	✓
16	✓	✓	✓
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23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
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32	✓	✓	✓
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38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	12/17/00
52	N	N	12/17/00
53	✓	✓	12/17/00
54	✓	✓	12/17/00
55	✓	✓	12/17/00
56	✓	✓	12/17/00
57	✓	✓	12/17/00
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60	✓	✓	12/17/00
61	✓	✓	12/17/00
62	✓	✓	12/17/00
63	✓	✓	12/17/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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